

# Promoting Healthy Beginnings

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health and human  
service providers  
published by:

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*If you would like to contribute to our newsletter as a writer or with suggestions for future articles, please call, fax or e-mail the office.*

## **Topics in Perinatal Health: A systematic review of the effectiveness of breastfeeding intervention delivery methods**

Pate, B. JOGNN 2009; Vol. 38, Issue 6

Despite recommendations from the American Academy of Pediatricians and overwhelming evidence that supports exclusive breastfeeding, only 11.3% of infants in the United States are exclusively breastfed to six months of age. Increasing the proportion of mothers who breastfeed their infants has become a nationwide health imperative and Healthy People 2010 has established specific goals for both breastfeeding and exclusive breastfeeding.

In a systematic review of primary care interventions for promoting and supporting breastfeeding, Chung, Raman, Trikalinos, Lau and Ip concluded that breastfeeding interventions can be more effective than usual care in increasing short and long term breastfeeding rates, and that the combination of pre- and postnatal interventions and inclusion of layperson support in a multicomponent intervention may be beneficial. However, none of these studies included an intervention using internet technologies to educate and support breastfeeding, which may be more convenient for the patient and less expensive and time consuming for the provider than traditional methods of breastfeeding education and support. The purpose of the current study is to locate and analyze the existing evidence on the effectiveness of using the internet to promote successful breastfeeding outcomes and to compare this pooled measure of effect to provider based methods of breastfeeding education and support.

Studies were included in this analysis if they were conducted in a developed country, published between the years 2004 and 2008, included a concurrent control group, and reported frequency data on breastfeeding initiation or duration. The suitability of design and quality of execution were evaluated using the Centers for Disease Control procedure for systematic reviews. Twenty-one articles met the criteria for inclusion. Three studies used a form of e-technology in their interventions. The other 18 studies relied on peer or professional support for delivery of the intervention.

The results of this analysis suggest that the pooled measure of effect for a group of studies using e-based methods to deliver breastfeeding education and support (OR = 2.2) was twice that of the pooled measure of effect in studies using provider based methods (OR = 1.1). Pooled provider based interventions did not have a significant effect on breastfeeding outcomes; however, when all studies were pooled, there was a small effect (OR = 1.4) suggesting that the inclusion of e-based components may have improved the odds of successful breastfeeding outcomes.

In an attempt to overcome barriers of limited time, knowledge deficits and budget concerns, health professionals are beginning to take a close look at the advantages and disadvantages of incorporating internet components into breastfeeding education and support programs. Despite the limitations of this review and analysis, the results have identified a need for future exploratory and experimental research examining the relationship between e-based technologies and breastfeeding attitude, behavior and knowledge change. Based on the findings in this review, which provide encouraging evidence that e-interventions have the potential to improve breastfeeding, it is important that health professionals consider incorporating e-technologies into future research intervention studies. In addition, it is essential that the overall role that internet technology will play in health care delivery be examined.

**Our Mission:** *To improve birth outcomes and maternal, child and family health.*

## ***Topics in Perinatal Health: Program aims to prevent Shaken Baby Syndrome despite the stresses of a broken economy***

As the American economy continues to struggle, the additional stressors put on families may be causing unintentional injuries to their children. A recent study conducted by a group of researchers headed by Dr. Rachel Berger at Children's Hospital of Pittsburgh and presented at the Pediatric Academic Societies annual meeting in Vancouver, British Columbia, Canada shows a relationship between the weakening economy and the rise of the incidence of shaken baby syndrome/abusive head trauma (SBS/AHT).

Data recorded from four hospitals in Pittsburgh, PA; Cincinnati, OH; Columbus, OH; and Seattle, WA from January 2004 through June 2009 show that the number of SBS/AHT cases rose from 4.8 per month prior to December 1, 2007 (defined as the start of the recession) to 9.3 per month following that date. In Berger's study, 63% of the children were admitted to a Pediatric Intensive Care Unit (PICU) and 16% died. The data represent 512 cases of abusive head trauma in children.

"The results of the study are very concerning and highlight the need for increased prevention efforts during times of economic hardship," says Marilyn Barr, Founder and Executive Director of the National Center on Shaken Baby Syndrome. "Frustration with a baby's crying is the number one trigger for shaking, and the stress of handling a crying infant can seem overwhelming."

Hospitals and organizations nationwide are responding by educating parents about the Period of PURPLE Crying, a stage when normal, perfectly healthy babies can cry for five hours a day or more. Since January 2009, 289 hospitals and organizations have implemented the PURPLE program, which includes giving an 11-page booklet and 10-minute DVD to every family of new baby to take home with them.

Currently, the PURPLE program has a presence in 45 out of 50 states with 4 states (Utah, North Carolina, Maine and Kansas) implementing state-wide programs where every birthing hospital will be providing the program to new families. Additionally, Iowa and Oregon have implemented state-wide initiatives that will reach at least 80% of the total births for each state with the PURPLE program.

The Period of PURPLE Crying is a normal developmental phase that all healthy babies experience between two weeks and four months, characterized by long periods of crying. The letters in PURPLE stand for:

- Peak of crying— The baby may cry more each week, peaking at two months, and then less at three to five months.
- Unexpected— The crying can come and go, with no explanation.
- Resists soothing— The baby might not stop crying no matter what you try.
- Pain-like face— It may look like the baby is in pain, even when they are not.
- Long lasting— The baby might cry 5 hours per day or more.
- Evening— The baby might cry more in the late afternoon or evening, just when parents are getting home from work and tired from a long day.

"The Period of PURPLE Crying program shows parents that crying by an otherwise healthy baby is normal and is not caused by something that they are doing wrong," says Barr. "Additionally, the program helps parents understand that the inconsolable crying does come to an end, which can be very comforting to parents."

For more information about the Period of PURPLE Crying, go to [www.purplecrying.info](http://www.purplecrying.info).

## ***To Support MVPN....***

You can support Mohawk Valley Perinatal Network programs and services for consumers and providers in Oneida, Herkimer and Madison Counties through a donation to our organization. MVPN is a nonprofit, tax-exempt organization. Donations are deductible for income tax purposes in the United States to the extent allowable by law.

Please make checks payable to "Mohawk Valley Perinatal Network, Inc." and mail donations to:

1000 Cornelia Street, 2nd Floor  
Utica, NY 13502

## ***Topics in Perinatal Health: Inner-city caregivers' perspectives on bed sharing with their infants***

Chianese J, Ploof D, Trovato C, Chang JC. Acad Pediatr. 2009 Jan-Feb; 9(1):26-32.

**OBJECTIVE:** To understand parents' motivations for bed sharing with their infants aged 1-6 months, their beliefs about safety concerns, and their attitudes about bed-sharing advice.

**METHODS:** We conducted 4 focus groups with primary caregivers of infants ages 1-6 months who regularly shared beds with their infants. We recruited participants from an inner-city primary care center in Pittsburgh, serving primarily African American families who received medical assistance. Discussions were audiotaped and transcribed. Two investigators coded the transcripts and identified themes in an iterative process to achieve agreement between coders.

**RESULTS:** A total of 28 caregivers aged 17-50 participated. The majority were African American (86%), female (93%), single (50%), and high school graduates (71%). Eleven percent of participants breastfed their infants. We identified 5 themes, common to all groups, to explain parents' motivations for bed sharing: 1) better caregiver and infant sleep, 2) convenience, 3) tradition, 4) child safety, and 5) parent and child emotional needs. Parents expressed divergent views about the safety of bed sharing: 1) ambivalence regarding balancing risks of overlaying and suffocation with benefits of bed sharing, or 2) assertion that bed sharing poses no risks for their child. Common to all groups was the finding that clinicians' advice against bed sharing did not influence parents' decision, but advice to increase safety when bed sharing would be appreciated.

**CONCLUSIONS:** Parents' motivation to bed share outweighed the concerns and the warnings of others. An understanding of parents' perspectives on bed sharing should inform counseling to promote safe sleeping practices.

## ***Provider Resources and Events***

**August 6th—7th:** ACOG District II 2010 Annual Patient Safety Conference. Saratoga Springs, NY. Registration \$199. Register online at [www.acogny.org](http://www.acogny.org).

**September 14th:** Northeast New York Regional Perinatal Forum—Implications of Vitamin D Deficiency on Maternal-Child Health. 10:30 am—12:30 pm, Albany Medical Center. FREE, lunch will be served. Call 518-262-0885.

### **Fetal Alcohol Spectrum Disorders Patient Education Video**

Produced by the American Congress of Obstetricians and Gynecologists – ACOG / District II, as part of a NYS DDPC-funded Prevention Education Initiative. To access the video, see: [http://www.acog.org/acog\\_districts/dist\\_notice.cfm?recno=1&bulletin=3311](http://www.acog.org/acog_districts/dist_notice.cfm?recno=1&bulletin=3311)

### **February 2010 Special Edition of the Medicaid Update**

NYS Department of Health updated prenatal standards of care for all pregnant women enrolled in Medicaid. In addition, new legislation (Chapter 484 of 2009), was enacted to address the impact of the new APG payment methodology on Medicaid reimbursement for prenatal care services; eliminate PCAP designation, certification, and associated rates; and ensure that the model of prenatal care provides all pregnant women who qualify for Medicaid, comprehensive, high quality, prenatal and postpartum care. To access this issue:

[http://www.nyhealth.gov/health\\_care/medicaid/program/update/2010/2010-02\\_special\\_edition.htm](http://www.nyhealth.gov/health_care/medicaid/program/update/2010/2010-02_special_edition.htm)

## ***On the Bookshelf***

### **Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers**

by Nancy Mohrbacher and Kathleen Kendall-Tackett

If you work with new or expectant moms, chances are they feel a little anxious about beginning to breastfeed. Although it seems like the most natural thing in the world, breastfeeding can often be a challenge. This book offers straightforward, understandable, up-to-date advice from lactation experts. It includes the most effective breastfeeding techniques, ways to avoid common problems, and new insights into baby's needs. It offers tips and information to help put a newly nursing mom at ease.

Mohawk Valley Perinatal Network has a variety of resources available for consumers and professionals on topics related to pregnancy, parenting, breastfeeding, maternal, child and family health. Resources are available for loan at no cost from the Resource Lending Library at the Perinatal Network. We have professional journals, demonstration aids, books, videos and brochures for professionals and consumers. Stop by our office at 1000 Cornelia Street, Utica or call Emmie at 732-4657 extension 228.



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## ***Agency Update***

Perinatal Network staff are involved in or leading a number of community collaboratives to improve health, including: Madison and Oneida County access to care teams, Madison County health literacy team, Utica Literacy Zone, Herkimer Literacy Zone, Oneida/Herkimer Healthy Mothers, Babies and Children workgroup, and Oneida/Herkimer/Madison Teen Pregnancy Prevention Network.

As a complement to the Preventive Dentistry project with Faxon-St. Luke's Healthcare, the Perinatal Network will be applying for CHOMPERS funds through the Community Health Foundation of Western and Central New York to implement the Cavity Free Kids curriculum with child care providers in the Mohawk Valley.

This fall Perinatal Program staff will be working with St. Elizabeth College of Nursing students to provide clinical experiences in health education. Students will present to parents at Community Baby Showers and to providers at Consortium meetings. Look for notice of our fall Consortium with an educational presentation on breastfeeding.

NYS has eliminated the requirement of a face-to-face interview to apply for Medicaid, but many applicants who are interested in mailing in an application directly to the County Department of Social Services or the Perinatal Network have difficulty completing the application correctly. We encourage all individuals and families applying for Medicaid to seek assistance from the Facilitated Enrollers at Mohawk Valley Perinatal Network, who meet with families at convenient locations throughout Madison, Oneida and Herkimer Counties.